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SERIAL NUMBER 10/010,247	FILING OR 371(c) DATE 12/06/2001 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. SYN-064B
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/931,528 08/16/2001 PAT 6,569,085 and is a CIP of 09/891,775 06/25/2001
 PAT 6,716,226 ✓
 and claims benefit of 60/292,419 05/21/2001 ✓✓
 and is a CIP of 09/730,911 12/06/2000 PAT 6,551,315 ✓✓

**** FOREIGN APPLICATIONS ********none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 01/14/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 18	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>				
Verified and Acknowledged	<i>[Signature]</i>	<i>[Initials]</i>			
Examiner's Signature					

ADDRESS

27316

TITLE

APPARATUS FOR THE ENDOLUMINAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE (GERD)

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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